

189

PLACE OF BIRTH
 County of Gila
 District of _____
 City of Miami
 or _____
 of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
 Co. Register No. 139
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

Full NAME OF CHILD Virginia May Brooks. { Born } YES
 Child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of child Female Twin, Triplet or other one } and } Number in order of birth one Legitimate? yes Date of Birth Mar 11 1917.
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Name	<u>Charles Oran Brooks.</u>	Full Maiden Name	<u>Mabel Lee WYLY.</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>American</u>	Color or Race	<u>American.</u>
Age at last Birthday	<u>24</u> (Years)	Age at last Birthday	<u>17</u> (Years)
Birthplace	<u>Arizona.</u>	Birthplace	<u>Texas.</u>
Occupation	<u>Merchant.</u>	Occupation	<u>Housewife.</u>

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 11 1917, at 5.45 P.M.

*When there is no attending physician or midwife, then the householder could make this return.

(Signature)

B. N. Hardy M.D.
 (Attending physician, midwife, householder.)

Given or Christian name added from a

Supplemental report 191

Filed April 1st 1917

Address Miami, Arizona.
John H. Ray
 LOCAL REGISTRAR

522-311-468
 COUNTY REGISTRAR.

Filed May 5 1917

A True Copy B. G. Jay
 COUNTY REGISTRAR.